

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009405

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317
FILED FEB 23 1962

Primary Registration District No.

500

Registrar's No.

369

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville | | Length of stay in 1b 2-3/4 yrs | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Sanitarium | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First MARGARET Middle SCHNEIDER Last SCHNEIDER | | 4. DATE OF DEATH Month Jan. Day 28, Year 1962 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/4/1883 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY domestic | |
| 11a. FATHER'S NAME Michael Schneider | | 11b. MOTHER'S MAIDEN NAME Frances Kaltz | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Left lower lobe Pneumonia DUE TO (c) Generalized Arteriosclerosis | | 17. INFORMANT Address Mrs. Harry Clucas, 765 Venneman (22) | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour 6:40 A. Month, Day, Year July 1961 | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | |
| 20g. STATE | | 20h. DATE SIGNED January 24, 1962 | |
| 21. I attended the deceased from 6:40 A. to January 1961 , and last saw her alive on January 24, 1962 . Death occurred at 6:40 A. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE Martin G. Cusker MD | |
| 22b. ADDRESS 634 N Grand Blvd | | 22c. DATE SIGNED 1-24-62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) cremation | | 23b. DATE 1/30/62 | |
| 23c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel of Memories | | 23d. LOCATION (City, town, or county) St. Louis County, Missouri | |
| 24. FUNERAL DIRECTOR BEIDERWIEN F.H. INC., 1936 St. Louis Ave. | | 25. DATE RECD. BY LOCAL REG. 1-29-62 | |
| 26. REGISTRAR'S SIGNATURE John C. Murphy MD | | 27. DATE SIGNED 1-29-62 | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Martin G. Austin

634 No. Grand Ave.

861-5521

12-45 - 245 Mond.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Horner H. Trutz

Licensed Embalmer No. 3882

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.